

## **APPLICATION DATA SHEET**

### **Application Information**

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Application Type::               | Regular                           |
| Subject Matter::                 | Utility                           |
| CD-ROM or CD-R?::                | None                              |
| Title::                          | Optimized System-Level Simulation |
| Attorney Docket Number::         | CDS-008                           |
| Request for Early Publication?:: | No                                |
| Request for Non-Publication?::   | No                                |
| Suggested Drawing Figure::       | FIG. 1B                           |
| Total Drawing Sheets::           | 9                                 |
| Small Entity?::                  | No                                |
| Secrecy Order in Parent Appl.?:: | No                                |

### **Applicant Information**

|   |                          |
|---|--------------------------|
| Applicant Authority Type::              | Inventor                 |
| Primary Citizenship Country::           | U.S.A.                   |
| Status::                                | Full Capacity            |
| Given Name::                            | William                  |
| Middle Name::                           |                          |
| Family Name::                           | Neifert                  |
| Name Suffix::                           |                          |
| City of Residence::                     | Arlington                |
| State or Province of Residence::        | Massachusetts            |
| Country of Residence::                  | U.S.A.                   |
| Street of Mailing Address::             | 100 Pleasant Street, #31 |
| City of Mailing Address::               | Arlington                |
| State or Province of Mailing Address::  | Massachusetts            |
| Country of Mailing Address::            | U.S.A.                   |
| Postal or Zip Code of Mailing Address:: | 02476                    |

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Matthew  
Middle Name::  
Family Name:: Bellantoni  
Name Suffix::  
City of Residence:: Brookline  
State or Province of Residence:: Massachusetts  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 60 East Glen Road T-12  
City of Mailing Address:: Brookline  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 02445

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Andrew  
Middle Name::  
Family Name:: Ladd  
Name Suffix::  
City of Residence:: Maynard  
State or Province of Residence:: Massachusetts  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 20-6 Deer Path Lane  
City of Mailing Address:: Maynard  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 01754

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Matthew  
Middle Name::  
Family Name:: Grasse  
Name Suffix::  
City of Residence:: Watertown  
State or Province of Residence:: Massachusetts  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 56 Harrington Street  
City of Mailing Address:: Watertown  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 02472

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Kostick  
Name Suffix::  
City of Residence:: Belmont  
State or Province of Residence:: Massachusetts  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 30 Fairview Avenue  
City of Mailing Address:: Belmont  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 02478

**Correspondence Information**

Correspondence Customer Number:: **021323**

**Representative Information**

Representative Customer Number:: **021323**